

Supervised Parenting Time - Preliminary Intake

Referral and Case Information

Referral source: _____ Referral phone: _____

Referral contact name: _____ Referral email: _____

Court / docket number: _____ Court / agency: _____

Court order: ☐ Yes ☐ No

Relevant court order, agency requirements, or parameters:

Residential Parent / Caregiver

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Relationship to child(ren): _____

Visiting Parent

Name: _____ Date of birth: _____

Address: _____

Phone: _____ Email: _____

Relationship to child(ren): _____

Each parent completes a separate intake.

Please provide complete and current information so services can be planned safely and appropriately.

Supervised Parenting Time - Preliminary Intake

Child Information

Child name	Age	Pronouns	Relevant needs, allergies, diagnoses, medical conditions, or supports

What helps the child(ren) feel comfortable and regulated during transitions?

Important routines, communication needs, interests, comfort items, or behavioral supports:

Requested Services and Scheduling

Requested service (check all that apply):

- ☐ In-person supervised parenting time
- ☐ Telephone contact
- ☐ Documentation / reporting
- ☐ Supervised exchange
- ☐ Virtual parenting time
- ☐ Witness / court appearance services

Requested frequency: ☐ Weekly ☐ Every other week ☐ Other _____

Preferred day(s): ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat

Preferred time(s): _____ Alternative day(s) / time(s): _____

Preferred community / location: _____

Additional scheduling or service information:

Supervised Parenting Time - Preliminary Intake

Family-Centered Information

What are the child(ren)'s strengths, interests, and current needs?

What would a positive and successful parenting time visit look like for the child(ren)?

What strategies have helped with separation, reunion, or difficult transitions?

Are there cultural, language, accessibility, dietary, medical, sensory, or communication needs we should plan for?

Safety and Service Planning

Please identify any safety concerns, protective orders, prohibited contact, or required precautions relevant to services:

Please identify medications, allergies, emergency needs, medical concerns, or behavioral supports relevant to parenting time:

Other information that may help Peaceful Parenting Visitation LLC provide safe, neutral, and child-focused services:

Documents to Return

Please return:

- Completed Preliminary Intake Form
- Signed Agreement and Policies
- Copy of the current court order, referral, or other governing document

Each parent completes a separate intake.

Services are scheduled after required documents, individual intakes, location, payment arrangements, and supervisor availability are confirmed.

Completed By

Name: _____ Date: _____

Signature: _____